

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 06317-2156

Effective October 1, 2000												
		S FILED - (Column		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THA		
TOTAL CLAIMS			25				RAT	E	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			∝ mir	nus 20=	• 5		X\$ 9	X\$ 9=		OR	X\$18=	90.00
INDEPENDENT CLAIMS			14 mi	nus 3 =			X40	X40=		OR	X80=	80.00
MULTIPLE DEPENDENT CLAIM PRESE							+135	;=		OR.	+270=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	TOTA			OR	TOTAL	880.00
CLAIMS AS AMENDED - PART II								,		]	OTHER	
	Thur.	(Column 1)		(Colur	mn 2)	(Column 3)	SMA	ENTITY	OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIM	=	X40:	=		OR	X80=	
Ч	TINOT PRESE	INTATION OF W	OLTIFLE DEF	ENDEN	CLAIM		+135	_		OR	+270=	
							TO' ADDIT, F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F			•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=	-	OR	X\$18=	
	Independent	•	Minus	***		=	X40=	_		OR	X80=	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							$\dashv$	7 4	On I		
							+135			OR	+270=	
							ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C	_	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			=	X\$ 9:	<u>-</u> [		OR	X\$18=	
	Independent	*	Minus	***	F (0) 4 14 2	<u> -</u>	X40=			OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										. 270	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								=    A		OR	+270=	

TOTAL ADDIT. FEE

TOTAL

ADDIT, FEE